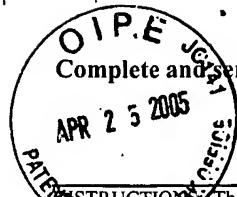


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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022434 7590 03/10/2005

**BEYER WEAVER & THOMAS LLP**  
**P.O. BOX 70250**  
**OAKLAND, CA 94612-0250**

04/26/2005 MBELETE2 00000039 500388 10045514

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP

03 HC:1504 APPLICATION NO. 9.001 DA FILING DATE

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                         |                    |
|-------------------------|--------------------|
| Linda L. Pollock        | (Depositor's name) |
| <i>Linda L. Pollock</i> | (Signature)        |
| April 19, 2005          | (Date)             |

|                      |                     |                  |
|----------------------|---------------------|------------------|
| FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| William F. Foote     | SUN1P510/P6387      | 9967             |

TITLE OF INVENTION: APPARATUS AND METHODS FOR MANAGING RESOURCES FOR RESOURCE CONSTRAINED DEVICES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

|                |    |        |       |        |            |
|----------------|----|--------|-------|--------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 06/10/2005 |
|----------------|----|--------|-------|--------|------------|

| EXAMINER | ART UNIT | CLASS-SU BCLASS |
|----------|----------|-----------------|
|----------|----------|-----------------|

|                |      |            |
|----------------|------|------------|
| TRUONG, CAMQUY | 2127 | 718-104000 |
|----------------|------|------------|

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Beyer Weaver & Thomas, LLP

2\_\_\_\_\_

3\_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Sun Microsystems, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge ~~any required~~ any additional fee(s), or credit any overpayment, to Deposit Account Number 500388 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Fredrik Mollborn

Date

19 April, 2005

Typed or printed name

Fredrik Mollborn

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48,587

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